

(1) Person Filing: _____

Street Address: _____
City, State, Zip: _____
Phone Number: _____
Representing Self _____

SUPERIOR COURT OF ARIZONA, COUNTY OF COCONINO

In the Matter of the Guardianship and/or (3) Case Number: GC _____
Conservatorship of:

PETITION FOR:

(2) _____
an Adult (4) ☐ **GUARDIANSHIP ONLY**
☐ **CONSERVATORSHIP ONLY**
☐ **GUARDIANSHIP AND CONSERVATORSHIP**

THE PROPOSED WARD:

(5) Name: _____ SSN: _____
Street Address: _____ City, State, Zip: _____
Phone: _____ Birthdate: _____ Age: _____
Venue: The proposed ward lives in Coconino County.

THE PROPOSED GUARDIAN AND/OR CONSERVATOR:

(6) NAME: _____
Street Address: _____ City, State, Zip: _____
Phone Number: _____ SSN: _____
Relationship to the Proposed Ward: _____
NAME: _____
Street Address: _____ City, State, Zip: _____
Phone Number: _____ SSN: _____
Relationship to the Proposed Ward: _____

GUARDIANSHIP AND/OR CONSERVATORSHIP:

(7) ☐ The proposed ward does not currently have a guardian or conservator.
☐ The proposed ward is currently a minor, and I am the ward's guardian and/or conservator.
Hearings are set in that case on these dates: _____
No proceeding to appoint a guardian or conservator for the ward is pending in another court. An Affidavit of each Person to Be Appointed Guardian and/or Conservator is filed with this Petition.

(8) **A guardian should be appointed because:** The proposed ward is incapacitated for the reasons below, and guardianship is necessary to provide for the proposed ward's needs, which can't be met by less restrictive means, including technological assistance.

☐ Mental illness, deficiency, or disorder ☐ Chronic drug use or intoxication

☐ Physical illness or disability ☐ Other: _____

(9) **Type of Guardianship Requested:**

☐ General Guardianship: Other alternatives have been explored, and a limited guardianship is not appropriate because of the extent of the proposed ward's incapacity.

☐ Limited Guardianship: Only the following rights and/or responsibilities are requested:

☐ Custody of the ward

☐ Responsibility for the ward's personal needs, including food, clothing, and shelter

☐ Responsibility for the ward's educational, social, and religious activities

☐ Responsibility for the ward's medical needs

☐ Other: _____

(10) **A conservator should be appointed because:**

☐ The proposed ward has property that otherwise will be wasted or dissipated.

☐ Protection is necessary or desirable to obtain or provide funds needed for the support, care, and welfare of the proposed ward or those entitled to be supported by them.

(11) **The proposed ward can't manage their estate and affairs effectively because of:**

☐ Mental illness, deficiency, or disorder ☐ Confinement

☐ Physical illness or disability ☐ Detention by a foreign power

☐ Chronic drug use or intoxication ☐ Disappearance

☐ Other: _____

(12) **The proposed guardian and/or conservator should be appointed because he/she:**

☐ Was chosen by the proposed ward

☐ Was chosen in the proposed ward's most recent durable power of attorney

☐ Is the proposed ward's spouse

☐ Is the proposed ward's adult child

☐ Is the proposed ward's parent, or was chosen as conservator by a deceased parent's will

☐ Is the proposed ward's relative and has lived with the proposed ward for at least six months before filing this Petition

☐ Was chosen by someone caring for or paying benefits for the proposed ward

☐ Other: _____

(13) **I am interested in the proposed ward's welfare because:**

APPOINTMENT OF AN ATTORNEY AND HEALTH PROFESSIONAL:

(14) **The Proposed Ward's Attorney:**

Name: _____ Phone Number: _____

Street Address: _____ City, State, Zip: _____

(15) **Health Professional:**

Name: _____ Phone Number: _____

Street Address: _____ City, State, Zip: _____

(16) PEOPLE ENTITLED TO NOTICE:

	Name	Street Address	City, State, Zip Code
The proposed ward:			
Their living parents:			
Their spouse:			
Their adult children:			
People having care or custody of them:			
People who filed a demand for notice:			
Their closest adult relative:			

(17) THE PROPOSED WARD'S ASSETS:

☐ The proposed ward has no substantial assets or income.

☐ The proposed ward has the following assets or income.

Property:

Est. Fair Market
Value

Cash (i.e. checking, savings, certificates of deposit, etc.)

\$ _____

Marketable securities (i.e., stocks, bonds, brokerage accounts, etc.)

\$ _____

Other Personal Property

\$ _____

Real Property

\$ _____

Total: \$ _____

Annual Income (including compensation, insurance, pension, or allowance):

Social Security

\$ _____

Pension(s)

\$ _____

Dividends

\$ _____

Trust Income

\$ _____

Other: _____

\$ _____

Total: \$ _____

REQUESTED ORDERS:

1. Appoint a health professional to examine the proposed ward.

2. Appoint an investigator to report to the court.

(18) 3. ☐ Appoint an attorney to represent the proposed ward.

4. Appoint Petitioner guardian and/or conservator of the proposed ward.

(19) 5. ☐ Grant Petitioner inpatient mental health care authority.

6. Make any other orders in the proposed ward's best interest.

(20) I have read this Petition, and it is true and complete to the best of my knowledge.

Petitioner's Signature: _____

State of Arizona)

)

County of _____)

Subscribed and sworn before me this date: _____ by: _____

Seal:

Notary Public: _____

Notary Expiration Date: _____

I have read this Petition, and it is true and complete to the best of my knowledge.

Petitioner's Signature: _____

State of Arizona)

)

County of _____)

Subscribed and sworn before me this date: _____ by: _____

Seal:

Notary Public: _____

Notary Expiration Date: _____